Social Security Administration	
Refer to:	
Social Security Office Address	s:
Telephone Number:	
Dear	
We need information about the food and shelter you provided to	
He/she authorized us to contact you about any food and shelter you may have pro-	vided to him/her.
This information will help us decide if this person can receive Supplemental Securit amount of the payments. Your response is voluntary. However, if you do not response able to determine if this person can receive payments. Please see page two for on our collection and use of this information.	ond, we may not
Please fill out the attached questionnaire. Return it to us in the enclosed postage-p you have any questions, please call us at the telephone number above. Thank you for your cooperation.	aid envelope. If
Sincerely yours,	
Enclosure: Envelope	